The Road Home Presentation September 13, 2001 9-3 pm

HOUSING FOCUSED CASE MANAGEMENT

Utah/Salt Lake County Overview

- Utah Population 2.7 million (1 million in SL County)
- 2011 Utah Homeless PIT count is 3,114
- SL County is 1,986
- (The Road Home shelters 950 individuals per night in winter; 650-700 year-round)
- FMR for a 2 bedroom in SL County is \$826

Homeless System Structure

- State Homeless Coordinating Council
- Salt Lake Homeless Coordinating Council
- Continuum of Care Committee
- The Road Home serves men, women and families
- Other shelters are small and focused (Rescue Mission, YWCA, Family Promise)

The Road Home Overview

- Largest homeless shelter in Intermountain West
- We shelter 800 men, women and children each night year round, 1000 during cold winter months.
- 120 staff members, 60 exclusively working in Housing Administration and Supportive Services (in 2000 it was 4!)

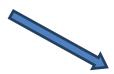
		A			В			D		
		First Time TRH Shelter Stayers, Very Few Barriers, Have or will obtain income, S8 or PH Eligible			Multiple Stays at TRH Shelters, Few Barriers, Benefit from Supportive Services, S8 or PH Eligible		Multiple Stays at TRH Shelters, Multiple barriers to self-sufficiency in housing.		Multiple barriers to self-sufficiency in housing.	
	REFERRAL	DEPOSIT ASSISTANCE	SHORT TERM RENTAL ASSISTANCE	TBRA PROGRAMS	SHELTER + CARE	TRH TRANS HOUSING	SHELTER + CARE	PERMANENT SUPPORTIVE HOUSING	PATHWAYS	
1	Assistance with applications and movement to S8, PH, Mod Rehab, other subsidy through local housing authorities, move out on their own	Includes deposit, prorated rent and first month's rent	Includes Rapid Rehousing: deposit, prorated and first month's rent and short term subsidy.	Rental assistance from County TBRA, City TBRA	Rental assistance from County S+C Program		Rental assistance from County S+C Program		Permanent housing for people who are chronically homeless. Master leasing component, scattered site as well as some set units.	
	No CM	No CM	Includes customized supportive services geared toward self-sufficiency in housing.	Includes customized supportive services geared toward self-sufficiency in housing.	Includes intensive customized supportive services geared toward self- sufficiency in housing.	Includes customized supportive services geared toward barrier elimination, and obtaining stable housing.	customized supportive services geared toward self-	Includes customized supportive services geared toward self-sufficiency in housing.	Includes intensive customized supportive services geared toward self-sufficiency in housing.	

Meeting the housing needs of families through progressive engagement

As part of our progressive engagement approach, most families can initially move out of the shelter with Rapid Rehousing assistance. Our team assesses each family's unique situation and tailors housing options to fit each family's specific needs and barriers.



Families enter the shelter



40 % exit the shelter without financial assistance

60% are appropriate for initial assistance with Rapid Rehousing (including housing location, deposit & rental assistance and limited case management.)



As part of identifying the most appropriate resources for each family, occasionally chronic families will move directly from shelter to options other than Rapid Rehousing. Families may also move between programs based on needs and availabilities.



70% of those that move out with Rapid Rehousing assistance will move off of assistance after 6-9 months. Many will remain precariously housed.



services.

3% are pushed toward Shelter Plus Care or Permanent Supportive Housing. More would benefit from PSH but resources are limited!



12% of all families placed have returned to TRH for Shelter.
RRH replacement is an option, and in extreme cases the family will be slated for PSH







Section 8, Public Housing, Shelter Plus Care or PSH is the best way to prevent families from returning to homelessness.

Shelter Case Management

- Focused on safety and security
- Emergency needs
- Children's needs
- Connecting with other resources
- Addressing "barriers" such as mental health, substance abuse,
- Creating a support system
- Developing relationship with client
- **Septe Concern about success in housing**

Short and Medium Term Pilot Programs 2008-09

- TANF \$115,000, limited to 3 months, served 53 families, \$2142 average per household
- United Way & SL County General Funds \$225,000, deposit & pro-rate only, served 127 families & 73 singles, \$1,100 average per household
- SL County General Funds Tapered Subsidy \$125,000, limited to 6 months tapered, served 37 families, \$3,391 average per household

An average of 10 % of households returned to the Shelter

CASE MANAGERS

- Continue to address emergency needs
- Focus on "housing barriers"
- Other barriers identified, but worked on in housing
- No longer assessing for housing readiness and protecting clients from housing failure
- Now supporting clients with move rapidly into housing

Landlords are Key

- If you have a group of landlords willing to rent to your clients, every program will flow better.
- Have a reception! Conduct an education campaign! Bring landlords to your agency! Buy plants!
- Follow up with landlords often.
- Case managers have two clients.

Housing Case Management

- Landlords are key
- Focus on stability and future equally.
 Make sure you have all clients on wait lists for something else, whenever possible.
- Case plans are focused on housing stability, and obtaining/increasing income.
- Partnerships are essential: DWS, School
 Districts, Mental Health, Substance Abuse

Getting to Know You

- Relationship between CM and client must be trusting and solid. The CM works for the client!
- CMs help clients prepare applications, lease up, gather furniture and move belongings into new apartment.
- Clients are oriented to their new living situation by the case manager (previously it had been a Housing Admin Staff Member)
- Visits are frequent at first and can taper down.

Portrait of a Home Visit

- CMs can come into any situation and work around the household's activities.
- We make our client files portable, CMs have high cell phone usage, high mileage.
- Car case management is completely acceptable. Be Creative! No desk is required for CM.
- A case plan is constructed by the Household, guided by the CM.
- We adopt requirements of other agencies (DWS, DCFS, Treatment, Mental Health). Don't bury your household in case plan goals!

Things to Consider

- Community Resources: Homeless student liaisons help kids enroll and acclimate to schools.
- CM meets with the landlord/housing authority together, mental health cases transferred to new neighborhood, neighborhood DWS office identified.
- LOTS of driving, setting up and attending meetings at first.

More things to consider

- Take care of the landlord!
- Take care of the Housing Authority!
- Check in once a month to make sure rent and subsidy are both paid in full.
- Don't let a landlord "nice" your client to death.
- Focus on housing retention and increase in income

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